



2025
DEPARTMENT OF PENNSYLVANIA
"CUB SCOUT OF-THE-YEAR"
APPLICATION

I. AWARD INFORMATION

- A. Recipient MUST be an active member of a Cub Scout or a Scouting America unit in Pennsylvania.
- B. Recipient MUST be a resident in Pennsylvania.
- C. Recipient MUST be the son, grandson, or great-grandson of an active or deceased American Legion member in the Department of Pennsylvania, American Legion Auxiliary, or Sons of The American Legion.
- D. Recipient MUST have received the Arrow of Light Award within the period of **March 2024 to February 2025**.
- E. Recipient MUST hold the Cub Scout Religious Award.
- F. There shall be one recipient selected from the Department. Local American Legion Posts, Auxiliary Units and Sons of American Legion Squadrons are encouraged to recognize their local winner as well.
- G. Recipient will be presented with an American Flag and plaque.
- H. Letters of Recommendation are optional but encouraged.
- I. **APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:**

MARCH 1, 2025
THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA
SCOUTING COMMITTEE
P.O. BOX 2324
HARRISBURG, PENNSYLVANIA 17105-2324

II. APPLICATION (PLEASE PRINT/USE ADDITIONAL SHEETS IF NECESSARY)

A. NOMINEE INFORMATION:

NAME: _____ **TELEPHONE:** (____) _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
SCOUTING ID NO. _____

B. AMERICAN LEGION FAMILY SPONSOR INFORMATION

FAMILY MEMBER'S NAME: _____
FAMILY MEMBER ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
RELATIONSHIP TO NOMINEE (CIRCLE): PARENT-GRANDPARENT-GREAT GRANDPARENT
LEGION POST NUMBER: _____ **POST NAME:** _____
CITY: _____ **STATE:** _____
2024 AMERICAN LEGION MEMBERSHIP CARD NUMBER: _____

() **CHECK HERE IF DECEASED FORMER MEMBER** **LEGION ID NO.** _____
NUMBER OF YEARS CONTINUOUS AMERICAN LEGION MEMBERSHIP: _____ **YEARS**
LEGION DISTRICT NUMBER: _____ **SECTION (CIRCLE):** Eastern Central Western

AMERICAN LEGION POST COMMANDER OR ADJUTANT'S CERTIFICATION
OF FAMILY SPONSOR/MEMBER:

 _____ (SIGNATURE REQUIRED) **DATE:** _____
PRINTED NAME AND LEGION ID NO. _____
TITLE: _____

C. LIST COMMUNITY ACTIVITIES: _____

D. LIST RELIGIOUS ACTIVITIES: _____

E. LIST COMMUNITY AWARDS/RECOGNITIONS: _____

F. **SCOUTING BACKGROUND INFORMATION** (Attach additional sheets if necessary)

PACK NUMBER: _____

SPONSOR NAME: _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF YEARS IN SCOUTING: _____

YEAR JOINED CUBS: _____ YEAR ENTERED WEBELOS: _____

YEAR ATTAINED ARROW OF LIGHT AWARD: _____

YEAR ATTAINED RELIGIOUS AWARD: _____ FAITH: _____

SCOUTING POSITIONS HELD: _____

SIGNIFICANT CUB SCOUTING ACCOMPLISHMENTS: _____

DID NOMINEE TRANSITION TO SCOUTING AMERICA (circle): YES NO

SCOUT UNIT NUMBER: _____

SCOUT TROOP SPONSOR: _____

CITY: _____ STATE: _____

III. CURRENT UNIT LEADER CERTIFICATION

(STATEMENT BY CUB SCOUT OR SCOUTING AMERICA UNIT LEADER SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2025 AMERICAN LEGION CUB SCOUT OF-THE-YEAR. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.)

**I/WE CERTIFY THE ABOVE INFORMATION IS TRUE
ON MY HONOR AS A SCOUTER**

COUNCIL NAME & NO.: _____ DATE: _____

COUNCIL FULL ADDRESS: _____

TELEPHONE: (____) _____

SIGNATURE OF CUB SCOUT OR SCOUTING AMERICA UNIT LEADER: _____

PRINTED NAME & ID NO. _____

TITLE: _____ TELEPHONE: (____) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____